

Wallace Oenga
[REDACTED]

May 24, 2012

Kathy B. Cline, Superintendent
U. S. Department of the Interior
Bureau of Indian Affairs – Fairbanks Agency
101 12th Avenue, Room 166
Fairbanks, AK 99701

Glenda Miller
U. S. Department of the Interior
Office of the Special Trustee
3601 C Street, Suite 216
Anchorage, AK 99503

Re: Native Allotment [REDACTED]
Wallace Oenga – [REDACTED]
Distribution of Future Rents for 2013-2038

Dear Ms. Cline and Ms. Miller,

I write as a [REDACTED] interest holder in Native Allotment [REDACTED] (“Allotment”) to direct the distribution of some of the funds received into my Indian Money Account (IIM account) in payment of future rents received on the lease of Allotment (Future Rents) for years 2013 [received October 2012] through [REDACTED]

Directive for Partial Distribution of Future Rents Received – I direct that [REDACTED] % of each year's rents received on the Allotment from 2013 [paid in October, 2012] through [REDACTED] be first paid upon receipt to Raymond C. Givens of the Givens Law Firm in the manner he requests at the time my portion of those rents are paid into my Indian Money Account (IIM account).¹ Please make this distribution each year without further authorization from me, beginning with the rents for 2013 [paid in October 2012] through the rents paid for [REDACTED]. The current OMB/OST form directing these payments is attached. After making this payment, please disburse the remaining monies in my IIM account as I otherwise direct.

If you have any questions, please contact me and my attorney Ray Givens.

Sincerely,

Wallace Oenga

Wallace Oenga

cc: Ray Givens
Roger Hudson, DOI Solicitor

[REDACTED]

Exhibit 6
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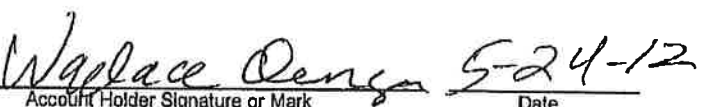
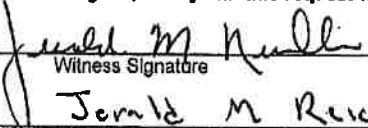
Individual Indian Monies (IIM)**Instructions for Disbursement of Funds and Change of Address**Office of the Special Trustee for American Indians -- <http://www.doi.gov/ost/>

If you have any questions call OST at: 1 - 888 - OST - OTFM (1-888-678-6836) TOLL FREE NUMBER

1	IIM ACCOUNT NUMBER OR TRIBAL ID NUMBER (If Known)			
2	CURRENT LEGAL NAME OF ACCOUNT HOLDER	Wallace	Oenga	
		First	Full Middle Name	Last
	OTHER NAMES USED (Maiden or Also Known As, etc.)	Suffix (e.g. Jr.)		
		First	Full Middle Name	Last
		Suffix (e.g. Jr.)		
3	DATE OF BIRTH (MM/DD/YYYY) and SOCIAL SECURITY #			
4	CONTACT TELEPHONE NUMBERS and EMAIL ADDRESS			
5	PAYMENT INSTRUCTIONS	<input checked="" type="checkbox"/> Other - I request that my IIM funds be disbursed as follows: Pay to Raymond C. Givens of the Givens Law Firm of annual rents on Native Allotment F-14632 annually for years 2012 thru		
		Third Party Payment Complete the following <u>only</u> if you want your payment made payable to someone other than you. Printed Name of Third Party Payee: <u>Raymond C. Givens, Givens Law Firm</u> Address of Third Party Payee: <u>4935 116th Place SE</u> Street Address, PO Box, Rural Route Box Apt. No., Building Name <u>Bellevue</u> <u>WA</u> <u>98006</u> City State Zip Code (425) <u>641-5949</u> Area Code Telephone Number		

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6	METHOD OF PAYMENT Must select one option. NOTE: The electronic transfer of your IIM funds to an OST Debit Card or Direct Deposit to your checking or savings account helps to safeguard against lost, stolen or forged checks. In addition, you will generally receive your IIM funds quicker with electronic transfer since mail time for a check will vary depending on the United States Postal Service and the destination.	<input checked="" type="checkbox"/> Direct Deposit to <u>checking</u> or savings account Banking Information – Attach a voided check or provide the following information: Routing #: _____ Account #: _____ Name on the Account: <u>Givens Law Firm</u> Financial Institution Name: _____ Contact Telephone Number(s): _____ Financial Institution Address: _____ OR <input type="checkbox"/> OST Debit Card OR <input type="checkbox"/> Check NOTE: If you want your check to be delivered to an address different than the mailing address set forth in Section 7 below, please provide your check mailing address on a separate paper.
7	MAILING ADDRESS NOTE: Complete this section even if you are requesting an OST Debit Card or if you are receiving your funds by Direct Deposit.	_____ Street Address, PO Box, Rural Route Box _____ Apt. No., Building Name _____ City State Zip Code <input type="checkbox"/> Please check if this is a new address
8	YOUR SIGNATURE OR MARK NOTE: Your signature or mark must be witnessed. The witness must complete Section 9.	I certify that the information provided is true and correct.  Account Holder Signature or Mark Date
9	WITNESS OF ACCOUNT HOLDER'S SIGNATURE OR MARK NOTE: The witness must be age 18 or older, and must sign immediately after the Account Holder signs the document in Section 8. The dates in Section 8 and Section 9 must be identical.	I, the undersigned, certify that this request was signed in my presence.  Witness Signature Date Jerald M. Reichlin Printed Name of Witness Address: <u>310 K St. Ste 200</u> <u>(907) 264-6726</u> Street Address, Apt. No., PO Box, Rural Route Telephone Number <u>Anchorage</u> <u>AK</u> <u>99501</u> City State Zip Code

THIS SECTION FOR OST USE ONLY	
ACCOUNT NUMBER: _____	SERVICE CENTER NUMBER: _____
DISB TICKLER/BCS NUMBER: _____	CSS NUMBER: _____

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THIS SECTION FOR OST USE ONLY**COMPLETE FOR TELEPHONE REQUESTS****I. Telephone request received:**

Date: _____ Time: _____

**Use security questions in Part II, to verify the account holder's identity.

III. OST Employee Information:

Signature: _____

Print Name: _____

Position Title: _____

Office Phone Number: _____

II. Security Question(s): When changes are requested by telephone, verify the identity by using a combination of any 2 of the following if information is available in TFAS:

- ☐ Social Security Number (last 4 digits or whole)
☐ Date of Birth
☐ Last Address of Record
☐ IIM Account Number
☐ Approximate Date and Amount of the Last Disbursement

NOTE: If identity is not verified, refer account holder to OST Field Office to make changes in person or by mail.

Security password verified? ☐ Yes ☐ Account holder has not created a security password**COMPLETE FOR REQUESTS RECEIVED BY MAIL OR IN PERSON**

Date Received: _____

Position Title: _____

Print OST Employee Name: _____

Signature: _____

Disbursement Authorizing Official

Acct Bal. _____

Date: _____

Signature: _____

Print Name: _____

CSS# _____ DATE _____

SERVICE CENTER # _____

Date: _____ Prepared By _____

RFM AUDIT TRAIL

Approved By _____ Post QA _____

INITIALS

TRAN #

DATE

CSS Encoder _____

Pre Q&A/CSS Approval _____

TFAS Verification _____

Account # _____

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- (a) provide trust and other services to beneficiaries;
 - (b) provide, use, operate or facilitate various components of the system;
 - (c) service and maintain the system for the Department.
- Collection of your Social Security Number is authorized by 31 USC 7701.